

Case Number:	CM15-0056236		
Date Assigned:	04/01/2015	Date of Injury:	06/09/2014
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34-year-old female, who sustained an industrial injury on June 9, 2014. She reported her left hand became caught in a conveyor belt. The injured worker was diagnosed as having pain in the left side of the jaw, cervical spine radiculopathy, cervical spine pain, rule out cervical disc displacement (herniated nucleus pulposus (HNP)), rule out bilateral shoulder internal derangement, bilateral shoulder pain, rule out right wrist internal derangement, right wrist pain, left finger deformity, left hand pain, low back pain, lower extremity radiculitis, and rule out lumbar disc displacement (herniated nucleus pulposus (HNP)). Treatment to date has included physical therapy, left shoulder MRI, and medication. Currently, the injured worker complains of pain in the left side of her jaw, burning radicular neck pain and muscle spasms, burning bilateral shoulder pain radiating down the arms to the fingers associated with muscle spasms, burning right wrist pain and muscle spasms, left hand and finger pain, and burning radicular low back pain and muscle spasms. The Primary Treating Physician's report dated February 5, 2015, noted the injured worker's left side of her jaw with tenderness and swelling. Tenderness to palpation was noted at the cervical suboccipital region as well as over both scalene and trapezius muscles with positive bilateral cervical distraction and compression tests. The bilateral shoulders examination was noted to show tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle as well as the back of the shoulders. The right wrist was noted to have tenderness to palpation over the carpal bones and over the thenar eminence. The left hand was noted to have tenderness to palpation at the palm of the hand. The lumbar spine examination was noted to show palpable tenderness at the lumbar paraspinal muscles and

over the lumbosacral junction, with positive bilateral straight leg raise. The Physician noted the recommendations for treatment included medications, including Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream, X-rays of the cervical and lumbar spine, bilateral shoulders, right wrist, and left hand/fingers, a TENS unit and hot/cold unit, physical therapy and acupuncture, shockwave therapy, functional capacity evaluation, referral for an internal medicine specialist, referral for a dentist, referral for an orthopedic surgeon, a MRI of the cervical and lumbar spine, bilateral shoulders, right wrist and left hand/fingers, and electromyography (EMG)/nerve conduction velocity (NCV) study of the bilateral upper and lower extremities, a course of localized intense neurostimulation therapy, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI evaluation of the left-hand is not medically necessary. MRI of the hand may be beneficial in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. Indications for imaging include, but are not limited to, acute hand or wrist trauma, suspect acute distal radial fracture, radiographs normal; suspect acute scaphoid fracture; suspect gamekeeper injury; suspect soft tissue tumor, etc. See guidelines for additional details. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the injured worker's relevant working diagnoses are right wrist pain; rule out right wrist internal derangement; left finger deformity; and left-hand pain. (See page 38 of 525 for additional diagnoses.) The date of injury is June 9, 2014. The documentation from a February 5, 2015 progress note is the initial orthopedic evaluation. The injured worker was treated by a different provider and received physical therapy with additional workup. It is unclear whether those records were available for review at the time of the initial evaluation. Objectively, the physical examination stated tenderness the palpation at the palm of the hand with a flexion deformity of the fingers. There were no other objective findings noted. The orthopedic provider ordered several imaging studies including x-rays of the cervical and lumbar spine, bilateral shoulders, right wrist and left hand/fingers. The treating provider also ordered an MRI of the cervical spine, lumbar spine, bilateral shoulders, right wrist and left hand/fingers. The request is for an MRI evaluation of the left-hand. There are no imaging studies with plain radiographs in the medical record. There is no documentation from a previous provider indicating whether imaging studies were performed or requested. MRI of the hand is indicated with suspected this the radial fracture, acute scaphoid fracture, gamekeeper injury, suspected soft tissue tumor, etc. There are no initial plain radiographs in the documentation as a prelude to the initial workup. Consequently, absent clinical documentation with plain

radiographs and a high clinical suspicion of fracture despite normal radiographs, MRI evaluation of the left-hand is not medically necessary.